

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Certification under 37 CFR §1.10 (if applicable)

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 Express Mail Label Number

July 22, 2003
 Date of Deposit

I hereby certify that this Transmittal Letter, enclosed application and any other documents referred to as enclosed herein, are being deposited in an envelope with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated above and addressed to Mail Stop Patent Application, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Lynnea B. Anderson
 (Print Name of Person Mailing Application)

Lynnea B. Anderson
 (Signature of Person Mailing Application)

Transmittal of Utility Patent Application
for Filing Under 37 CFR §1.53(b)

Mail Stop Patent Application
Commissioner for Patents
P. O. Box 1450
Arlington, VA 22313-1450
 Sir:

Transmitted herewith for filing is a utility patent application by inventors: Xiaoli Bi and Joon Shim entitled:

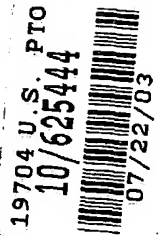
METHOD, CODE, AND SYSTEM FOR ASSAYING
JOINT DEFORMITY

1. Enclosed are:

- ☒ This Transmittal letter.
- ☒ One stamped, self-addressed postcard for PTO date stamp.
- ☒ Certificate of Express Mail.
- ☒ One utility patent application containing text pages 31 and 9 Sheets of drawings.
- ☒ Declaration of inventorship (unsigned)

2. U.S. Priority

- ☒ This application claims priority of U.S. Serial No. 60/397,943 filed on July 22, 2002, which is incorporated in its entirety herein by reference.
- ☐ A petition for extension of time has been filed in the parent to extend the pendency of the parent to * (copy enclosed).
- ☒ Conditional Petition for Extension of Time: An Extension of Time is requested to provide for timely filing *if* required to establish copendency with the parent after all papers filed herewith have been considered.

3. Foreign Priority

- ☐ Priority of Application No. * filed in * on * is claimed under 35 USC §119.
- ☐ A certified copy of this priority document is enclosed.

4. Fees

The filing fee has been calculated as shown below:

For:	(Col. 1)	(Col. 2)	Small Entity			Other Than a Small Entity	
	No. Filed	No. Extra	Rate	Fee		Rate	Fee
Basic Fee				\$375.00	or		\$750.00
Total Claims	27 - 20	7	7 x \$ 9 =	\$ 63.00	or	* x \$18 =	\$
Independent Claims	3 - 3	0	0 x \$42 =	\$ 00.00	or	* x \$84	\$
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$140 =	\$ 00.00	or	+ \$280 =	\$
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$438.00	or	TOTAL	\$

- ☒ Enclosed is a check in the amount of **\$438.00** covering the fees due.
- ☒ The Commissioner is hereby authorized to charge fees under 37 CFR §1.16 and §1.17 which may be required, or credit any overpayment to Deposit Account 50-2207.

Date: July 22, 2003

Correspondence Address:
 Customer No. 22918
 (650) 838-4401

Respectfully submitted,

Peter J. Dehlinger
 Peter J. Dehlinger
 Registration No. 28,006